

Case Number:	CM15-0048326		
Date Assigned:	03/20/2015	Date of Injury:	10/12/1976
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old female who sustained an industrial injury on 10/12/76. The mechanism of injury was not documented. Conservative treatment for the cervical spine documented in the available records was limited to prior radiofrequency ablation and medications. The 2/26/15 pain management report cited significant left upper neck pain causing posterior headaches. Facet radiofrequency neurotomies for the left upper neck greatly helped, and lasted almost 2 years. Repeat authorization had been granted but not communicated so it had lapsed. A simple extension had been denied. Physical exam documented the injured worker was uncomfortable, holding her left neck and back of her head. There was tenderness along the lateral pillars of the left upper neck, more so in the left mid to lower neck. There was left paracervical, trapezius, rhomboid, and levator scapulae spasms. Range of motion was slightly decreased in extension, lateral tilt, and left rotation. There was decreased left C6 dermatomal sensation. The diagnosis included history of chronic left upper neck pain and occipital headaches, and left C2/3 and C3/4 facet arthropathy. Repeat authorization for C2 and C3/4 radiofrequency ablation was requested. The 3/6/15 utilization review non-certified the request for C2/3 and C3/4 as there was no documentation in the record reflecting prior benefit to radiofrequency ablation relative to documented pain reduction, functional improvement or reduction in pain medication. There was no evidence of recent conservative treatment or objective findings supporting the diagnosis of facet mediated pain. Cervical imaging was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Radiofrequency neurotomy of medial branch nerves innervating left c2-3 and c3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Facet joint diagnostic blocks; Facet joint pain, signs & symptoms; Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines do not provide recommendations for cervical radiofrequency neurotomy. The Official Disability Guidelines indicate that cervical facet joint radiofrequency neurotomy is under study with conflicting evidence as to the efficacy of this procedure. Criteria for the use of cervical facet radiofrequency neurotomy include a diagnosis of facet joint pain using diagnostic blocks, documented improvement in pain scores and function with diagnostic blocks, no more than 2 joint levels at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. For repeat injections, pain relief of 50% or more for at least 12 weeks and sustained pain relief of a least 6 months duration should be documented. Guidelines limit these procedures to patients with cervical pain and absence of radicular and/or neurologic findings. Guideline criteria have been fully met. This patient presents with significant left sided cervical pain and posterior headaches. Cervical exam findings were consistent with facet pathology, with stated diagnosis of facet arthropathy. There is evidence of C6 sensory loss. There is no imaging documentation in the provided records to evidence neurologic etiology of symptoms has been ruled-out. Prior radiofrequency ablation had "greatly" helped for more than 6 months but there was no specific documentation of percentage of pain reduction, or a functional benefit. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the cervical spine and failure has not been submitted. There was no evidence of a formal plan of rehabilitation in addition to the requested radiofrequency ablation. In this radicular setting, the request is not guideline-supported. Therefore, this request is not medically necessary.